

FORM NO. 4. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Abbeville  
Township of .....  
or  
Inc. Town of Abbeville Registration District No. 1-9 Registered No. 125  
or  
City of Abbeville (No. Main St St.; 2nd Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maria Vintzianakis { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 26 1915  
(Name of Month) (Day) (Year)

FATHER Venetsanos  
(8) FULL NAME George Vintzianakis  
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Greece  
(13) OCCUPATION Merchant  
(20) Number of children born to mother, including present birth { 1

MOTHER  
(14) NAME BEFORE MARRIAGE Milia Marou  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
(18) BIRTHPLACE Greece  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Dec 26 8 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report ..... 191.....  
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 27 1915 (28) T. G. Person Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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